

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/049986

FILING DATE

APPLICANT'S

CLAIMS

AS FILED	AFTER		AFTER		
	1st AMENDMENT		2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
2		1			
3		2			
4		(1)			
5		(1)			
6		(1)			
7		1			
8		1			
9		1			
10		3			
11		(1)			
12		(1)			
13		1			
14		1			
15		1			
16		4			
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

100-1000-1000

100-1000-1000